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Patient Information Instruction Sheet

1. Present on the date given to you by your doctor to the appropriate hospital
2. Stay Fasted – It is important not to have anything to eat or drink for 6 hrs before the procedure
3. If you are a diabetic – let your doctor know
4. If you take blood thinning medication (aspirin, warfarin, plavix, iscover, clopidogrel) - let your doctor know

For further information regarding the procedure see below

ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY

(E.R.C.P.)

Endoscopic retrograde cholangiopancreatography is a technique to examine the pancreatic and bile ducts. You will need to fast for six hours before the procedure, your throat will be sprayed with a local anaesthetic and you will be given intravenous sedation. You will be sleepy for some time after the procedure and should not drive or carry out demanding tasks for the remainder of

the day. The procedure usually lasts between 15 and 45 minutes and is done in the hospital x-ray department or Day procedure dept or even the main operating theatre. It is essential for females that ***THERE IS NO POSSIBILITY OF PREGNANCY*** as x-rays are used. You should advise the nursing staff before the procedure if there is any doubt about this matter. Please also inform the staff if you are sensitive (allergic) to any drugs or other substances, especially iodine or contrast.

The endoscope is passed through the oesophagus and stomach into the duodenum and the opening of the bile duct and pancreatic duct is identified. The aim of the procedure is to pass a small plastic tube into one or both ducts to inject radio-opaque contrast dye and then take x-rays. In up to 5% of patients it is impossible for various reasons to pass the plastic tube into the appropriate duct.

E.R.C.P. will normally only be advised after other investigations including ultrasound have been performed. The test is usually only undertaken where it is felt that other less invasive procedures have failed to provide a clear diagnosis or where the technique of E.R.C.P. is likely to be associated with a procedure such as removing stones from the bile duct or bypassing a tumour which has blocked the bile duct.

Complications of E.R.C.P. include reactions to sedation. These are uncommon and are usually avoided by administering oxygen during the procedure and monitoring oxygen levels in the blood. Rarely however, particularly in patients with severe cardiac or chest disease, sedation reactions can be serious.

The most frequent serious complication is inflammation of the pancreas (pancreatitis). This complication occurs in up to 5% of examinations and can cause abdominal pain severe enough to require hospitalization for several days. Very rarely, pancreatitis can be more severe and involves prolonged hospitalization or a surgical operation.

Infection of the bile duct or pancreas can also occur. This is usually only a significant risk if there is blockage of the bile duct or pancreatic duct for example with stones in the bile duct or cancer. Even so it is normally prevented by giving antibiotics at the time of ERCP and sometimes afterwards.

One of the major reasons for undertaking E.R.C.P. is to determine whether stones are present in the bile duct. Stones in the bile duct are likely to cause serious complications such as infection in the bile duct or blockage of the pancreatic duct resulting in severe liver infection or pancreatitis. It is therefore recommended that all bile duct stones be removed either by surgical procedure or by sphincterotomy done at the time of the E.R.C.P. In this technique a small knife is inserted into the opening of the bile duct and a cut made to enlarge the opening. The stone is then extracted using either a balloon or a wire basket. Occasionally stones are too large or too hard to remove in this way. Complications occur in approximately 5% of patients, but in general the complication rate is less than for open surgical operation. These complications include pancreatitis, bleeding and perforation.

In general, endoscopic sphincterotomy means significantly less time in hospital and less time off work than open surgery. Complications are usually less severe and settle more rapidly if treated early. ***If you develop fever, abdominal pain, vomiting, the passage of black stools or other symptoms of concern after you leave the hospital you should contact the hospital or your doctor immediately.***

A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with an endoscopic or other interventional procedure. If you wish to have further details of rare complications you should indicate to your doctor before the procedure that you wish for all possible complications to be fully discussed.

The sedative/analgesic you will receive at the time of the procedure is very effective in reducing any discomfort. However, it may also impair your memory for some hours after the procedure. For this reason you should be accompanied by a relative or friend. If you are alone and do not

recall discussions following the procedure you should contact your doctor or the hospital at your earliest convenience.